

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8602	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01-MAIN BUILDING 01 B. WING-----		(X3) DATE SURVEY COMPLETED 0911112012
NAME OF PROVIDER OR SUPPLIER UNICOICO NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 100 GREENWAY CIRCLE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the roof. The findings include: Observation and interview with the Safety Officer and Maintenance Director, in the corridor above the door to resident room 112, on September 11, 2012 at 11:00 am. confirmed wet-stained concrete indicating a roof leak. Based on observation and interview, the facility failed to clean resident room Air conditioning unit filters. The findings include: Observation and interview with the Safety Officer and Maintenance Director, in resident room 111, on September 11, 2012 at 11:00 am. confirmed the Air conditioning unit had a heavy accumulation of lint on the coils. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 11, 2012.		N831	<p>N831</p> <ul style="list-style-type: none"> Roof was checked and repaired on 9/24/2012. <p>Completion Date: 9/24/12</p> <ul style="list-style-type: none"> Air conditioner unit in room 111 was cleaned on 9/12/2012. <p>Completion Date: 9/12/12</p> <ul style="list-style-type: none"> Monitoring Maintenance Director to monitor for PI for one (1) year. Housekeeping to dust units weekly. Monitoring Housekeeping director to monitor for PI for one (1) year. 	

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Patricia C. C...
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

ZX:CY21

ADMINISTRATOR
Administr...

9/28/12 (X6) DATE

If continuation sheet 1 of 1